

**M e m o r a n d u m**

Date: April 12, 2010

To: Office of Inspections

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Protective Services Division

File No.: 020.9621.A04629.034mm

Subject: 2010 FIRST QUARTER, COMMAND INSPECTIONS

Protective Services Division (PSD) has completed the Mandatory 2010 Command Inspections for the First Quarter 2010. All Sections were directed to conduct the Command level inspections of their Communications Systems. All the Sections within PSD utilized the guidelines and checklists contained in HPM 11.1, Administrative Procedures Manual, Chapter 6, and HPM 22.1, Command Inspections Program Manual, Chapter 14.

Attached are the required documents for your review. If you have any questions regarding the attached documents, please contact me or Assistant Chief Pat Burnett at (916) 323-1514.

  
M. J. NIVENS, Chief 


Attachments

**RECEIVED**  
APR 28 2010  
BY: 

*Safety, Service, and Security*

AREA	DIVISION PSD	NUMBER 020
EVALUATED BY Judy Sharff, SSA		DATE 03/22/2010

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____ 	COMMANDER'S REVIEW DATE 03/29/2010
1. TELEPHONE		EVALUATED 03/19/2010	ACTION REQUIRED none CORRECTED no

a. Is the Area's telephone system efficient and effective? ☒ Yes    ☐ No

(1) Are telephone locations beneficial to the operation? ☒ Yes    ☐ No

(2) Are there a sufficient number of lines? ☒ Yes    ☐ No

(3) Has any planning been undertaken to address replacement or upgrading? ☐ Yes    ☒ No

b. Is call answering efficient and effective? ☒ Yes    ☐ No

(1) Who is responsible for answering calls? Executive Secretary

(2) Who answers additional incoming calls to ensure prompt public service? Administrative Lieutenant

(a) How is the need for answering additional incoming calls recognized? After a certain amount of rings the Lieutenant will answer the ringing incoming line.

(3) How are calls handled after business hours? The phone system is set to roll over to a recording after 1700 hours.

(a) Do tape recorded messages contain sufficient information to give guidance to the public? ☒ Yes    ☐ No

(4) Are callers greeted properly? ☒ Yes    ☐ No

c. Are road and weather conditions provided? ☐ Yes    ☒ No

(1) Is the employee who provides road and weather information given up-to-date information? ☐ Yes    ☐ No

(a) If a tape-recorded message is issued, is it updated with the most current information available? ☐ Yes    ☐ No

(2) Are alternative sources, such as the Caltrans Highway Information Network "800" number and weather bureau telephone number, provided? ☐ Yes    ☒ No

d. Does the commander require long distance calls to be logged? ☐ Yes    ☒ No

e. Are Operational Dial Telephone (ODT), or "green phone" lines of sufficient quantity? ☒ Yes    ☐ No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**COMMUNICATIONS SYSTEMS**  
CHP 453P (Rev. 7-06) OPI 009

(1) Is use restricted to operational and emergency communications? ☒ Yes ☐ No

(2) Are ODT directories made available to those with an ODT line? ☒ Yes ☐ No

f. Who is assigned telephone calling cards? PSD does not issue calling cards

(1) Are calls logged? ☐ Yes ☒ No

(2) Are telephone billings reviewed for accuracy and potential abuse? ☒ Yes ☐ No

(3) Is use appropriate? ☒ Yes ☐ No

g. Who answers calls on Telecommunications Device for the Deaf (TDD)? N/A

(1) Are procedures and requirements to communicate with persons with hearing or speech disabilities understood? ☐ Yes ☐ No

(2) When was the last time the TDD was tested to ensure proper functioning? N/A

~~h. Are procedures in place to acquire services of interpreters for non-English languages and American Sign Language?~~ ☐ Yes ☒ No

i. Are personnel familiar with the telephone system and related equipment? ☒ Yes ☐ No

(1) Can programmed functions and features be used efficiently? ☒ Yes ☐ No

(2) Who is authorized to program telephones? CPS OSSI

(a) Has special training been received? ☒ Yes ☐ No

(3) Are speed dial numbers programmed? ☒ Yes ☐ No

(a) Is the list updated/kept current? ☒ Yes ☐ No

(4) Telephone management informational statistical reports reviewed and filed? ☐ Yes ☒ No

j. Where are assigned cellular telephones located? The Chief, Assistant Chief and Administrative Lieutenant carry their cell phones with them at all times.

(1) Does use comply with policy? ☒ Yes ☐ No

(2) How is maintenance and repair handled? Through Telecommunications Section

(3) Are billings reviewed and approved? ☒ Yes ☐ No

**2. MANAGEMENT INFORMATION SYSTEM (MIS)**

EVALUATED  
03/19/2010

ACTION REQUIRED

CORRECTED

a. Personnel

(1) Are all MIS equipment operators authorized? ☒ Yes ☐ No

(a) What specific employee(s) is held accountable for data entry? The Executive Secretary

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(b) Is there an MIS-trained alternate?

☒ Yes ☐ No

(c) Are supervisors MIS-trained?

☒ Yes ☐ No

(d) Are all operators proficient?

☒ Yes ☐ No

(2) Has a background check been performed on those MIS operators having access to the California Law Enforcement Telecommunications System (CLETS)?

☒ Yes ☐ No

(3) Has a Department of Justice audit of Area's criminal records taken place?

☒ Yes ☐ No

(a) If problems have been identified by the audit process, what corrective action has been initiated?

**b. Messages**

(1) Is the comm-net system being used to the fullest extent possible?

☒ Yes ☐ No

(2) Are messages formatted properly?

☒ Yes ☐ No(3) ~~Are all transmitted messages authorized?~~☒ ~~Yes~~ ☐ ~~No~~

(4) How frequently are incoming messages checked? As they arrive on the printer throughout the day

(5) Is distribution and filing of MIS messages efficient?

☒ Yes ☐ No

(a) Is the commander notified of significant messages after regular business hours?

☐ Yes ☒ No**c. Equipment**

(1) Adequate and properly located?

☒ Yes ☐ No

(a) Messages visible to the public?

☐ Yes ☒ No

(2) Noise or heat problem?

☐ Yes ☒ No

(3) Have arrangements for after-hours maintenance been made (e.g., paper supply, power source, etc.)?

☐ Yes ☒ No

(4) Is there proper security to counter unauthorized use?

☒ Yes ☐ No

(5) Is there employee awareness and an established protocol to prevent spilling liquids onto the keyboard?

☒ Yes ☐ No**d. Data Entry and Evaluation**

(1) Is all data promptly and accurately entered?

☐ Yes ☐ No

(a) Does time taken for data entry appear reasonable?

☐ Yes ☐ No

(2) Are procedures outlined in Chapter 8 of HPG 40.72, Management Information System User's Guide, being followed to reconcile data entry with the Daily Transaction/Error Report?

☐ Yes ☐ No

(a) How does the error rate compare to Division and statewide average error rates?

**3. RADIO - NONDISPATCH OFFICE**

EVALUATED

N/A

ACTION REQUIRED

CORRECTED

**a. Radio Use**

(1) Is use of the Area's base station beneficial?

☐ Yes ☐ No

(a) What are some of the uses? PSD does not have a base station. Section 3 is N/A

(2) Is the use appropriate? ☐ Yes ☐ No

(3) Is there any interference with dispatch point operations? ☐ Yes ☐ No

(a) Were Public Safety Dispatch Supervisors (PSDSs) consulted for their input? ☐ Yes ☐ No

**b. Efficiency**

(1) Range of transmitter and quality of reception adequate? ☐ Yes ☐ No

(2) Console in a location for effective monitoring and use? ☐ Yes ☐ No

**4. RADIO - DISPATCH OFFICE**

EVALUATED  
N/A

ACTION REQUIRED

CORRECTED

**a. Supervision**

(1) Is the supervisor or an alternate available to Public Safety Dispatchers (PSDs)? ☐ Yes ☐ No

(2) Is supervision effective? ☐ Yes ☐ No

(3) Is shift staffing appropriate? ☐ Yes ☐ No

(a) Are PSDs performing routine clerical jobs? ☐ Yes ☐ No

(4) Does scheduling for PSDs provide for individual as well as operational needs? ☐ Yes ☐ No

(a) Is vacation scheduling adequate? ☐ Yes ☐ No

(b) Are lunch and rest breaks appropriately arranged? ☐ Yes ☐ No

(c) Is there relief for solo PSDs? ☐ Yes ☐ No

(5) Are leave credits (including use of sick leave) managed properly? ☐ Yes ☐ No

(a) Is there any evidence of sick leave abuse by employees? ☐ Yes ☐ No

(b) Is a sick leave tracking system in place? ☐ Yes ☐ No

**b. Training**

(1) Are new PSDs assigned training with a certified Communications Training Specialist? ☐ Yes ☐ No

(a) Does the training specialist utilize HPG 60.4, Public Safety Dispatchers Training Guide, including checklists, to train new PSDs? ☐ Yes ☐ No

(2) Does the PSDS fully participate in the training process? ☐ Yes ☐ No

(3) Have PSDs been scheduled to attend Phase I, Phase II, and In-Service training as appropriate? ☐ Yes ☐ No

(4) Has the PSDS attended Nonuniformed Supervisory Training and Public Safety Dispatch Supervisor In-Service Training? ☐ Yes ☐ No

(5) Does the Communications Center conduct frequent and ongoing training? ☐ Yes ☐ No

(a) Are agendas and minutes prepared? ☐ Yes ☐ No

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COMMUNICATIONS SYSTEMS**

CHP 453P (Rev. 7-06) OPI 009

**c. Equipment**

(1) What is the condition of the radio equipment?

(a) Need of replacement?

☐ Yes ☐ No

(b) Capabilities sufficient?

☐ Yes ☐ No

(c) Who authorizes repairs?

(d) Has repair overtime been kept to a minimum?

☐ Yes ☐ No

(e) Are trouble reporting requirements met?

☐ Yes ☐ No

(2) Are personnel aware of the full capability of the radio equipment?

☐ Yes ☐ No**d. Communications Center**

(1) Furniture and equipment arranged for efficiency and coordination among employees?

☐ Yes ☐ No

(a) Sufficient space available for reference materials?

☐ Yes ☐ No

(b) Maps current?

☐ Yes ☐ No

(c) Reference material convenient for PSDs?

☐ Yes ☐ No

(d) Is knowledge of reference material apparent?

☐ Yes ☐ No

(2) Is the appearance of the Communications Center businesslike?

☐ Yes ☐ No

(a) Is access limited to avoid distractions to PSDs?

☐ Yes ☐ No

(b) Does each PSD have a location for storage of personnel items?

☐ Yes ☐ No

(3) Is lighting adequate?

☐ Yes ☐ No

(4) Have background noise-dampening materials been installed?

☐ Yes ☐ No

(5) Is heating and cooling adequate?

☐ Yes ☐ No

(6) Are restrooms located nearby?

☐ Yes ☐ No**e. Procedures**

(1) Are procedures for dispatch operations included in Standard Operating Procedures (SOP)?

☐ Yes ☐ No

(a) Are procedures current and adequate?

☐ Yes ☐ No**f. Records**

(1) Are message logs/radio cards legible?

☐ Yes ☐ No

(a) Are they used properly?

☐ Yes ☐ No

(2) Are computer entries for Computer Aided Dispatch (CAD) centers accurate and complete?

☐ Yes ☐ No

(3) Do CAD entries reflect "signal 10-11" transmissions every thirty minutes?

☐ Yes ☐ No

(4) Does CHP 122A, Dispatch Tape Record, document appropriate radio tape retention?

☐ Yes ☐ No

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(5) Does the filing system allow information to be easily retrieved?

☐ Yes ☐ No

(6) Is too much or too little information being logged?

☐ Yes ☐ No

(7) Are PSDs aware of the importance of accurate monthly telephone and radio volume data reports?

☐ Yes ☐ No

## g. Effectiveness

(1) Are PSDs proficient?

☐ Yes ☐ No

(2) What is the overall quality of the dispatch operation?

(3) Is staffing sufficient?

☐ Yes ☐ No

## h. Equipment Room

(1) Is the room being used for storage of anything other than communications equipment?

☐ Yes ☐ No

(2) Is the room clean?

☐ Yes ☐ No

(3) Is cabling for radios and telephones in disarray or maintained in protective conduit?

☐ Yes ☐ No

(4) Are procedures for reporting malfunctions in place, and are they understood by employees?

☐ Yes ☐ No

(5) Is electrical equipment protected by an uninterrupted power source?

☐ Yes ☐ No

(6) Is there a procedure in place for testing emergency back-up power sources?

☐ Yes ☐ No

## i. Generator Room

(1) Do you have a generator room?

☐ Yes ☐ No

(2) Is the generator room used for storage?

☐ Yes ☐ No

(3) If used for storage, are items flammable?

☐ Yes ☐ No

(4) Is generator easily accessible?

☐ Yes ☐ No**5. RADIO DISPATCH - EMERGENCY INCIDENT OPERATION**

EVALUATED

N/A

ACTION REQUIRED

CORRECTED

## a. Responsibilities

(1) Is there an awareness among employees of the Department's responsibility for incident command and state agency coordination at emergency/hazardous materials incidents?

☐ Yes ☐ No

(2) Are required notifications made by communications personnel?

☐ Yes ☐ No

(3) If assigned, what is the function of the watch officer?

(4) Are communications personnel familiar with HPM 50.1, Emergency Incident Management Planning &amp; Operations Manual?

☐ Yes ☐ No

## b. Procedures

(1) Have dispatch operation emergency procedures been incorporated into a SOP?

☐ Yes ☐ No

(a) Is the SOP in compliance with HPM 50.1, Emergency Incident Management Planning &amp; Operations Manual?

☐ Yes ☐ No



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(2) Procedures current, adequate and clear? ☐ Yes ☐ No

(3) Are there established evacuation procedures? ☐ Yes ☐ No

(a) In the event of an evacuation, is there a procedure for notification, transfer or rerouting of incoming calls? 9-1-1 calls? ☐ Yes ☐ No

c. Reference Material

(1) Does the dispatch office maintain an emergency incident library? ☐ Yes ☐ No

(a) Is the reference material current? ☐ Yes ☐ No

(b) Who maintains the library?

(c) Do communications personnel know how to obtain reference material? ☐ Yes ☐ No

(d) Are appropriate manuals, guides and checklists involving hazardous materials and emergency operations readily available? ☐ Yes ☐ No

(e) Are current telephone numbers for the Office of Emergency Services (OES), Caltrans, etc., on hand? ☐ Yes ☐ No

d. Public Safety Dispatch Supervisor

(1) Does the supervisor become actively involved during emergency incidents? ☐ Yes ☐ No

(2) Does the supervisor participate in post-incident critiques? ☐ Yes ☐ No

(3) Is feedback from Area employees regarding performance during major incidents solicited? ☐ Yes ☐ No

e. Documentation Procedures

(1) Does the SOP contain procedures for documentation of emergency incidents? ☐ Yes ☐ No

(2) Who has responsibility for ensuring adequate documentation of an emergency incident?

(3) Do Communications Center personnel provide input for post-incident critiques? ☐ Yes ☐ No

(4) Who is responsible for preparation of After Action Reports?

f. Training

(1) Has training been provided to communications personnel in emergency incident procedures? ☐ Yes ☐ No

(2) Are procedures in place to ensure formal training is provided to all communications personnel? ☐ Yes ☐ No

(a) Has all training been documented? ☐ Yes ☐ No

(3) Is there an understanding of the CHP incident command function? ☐ Yes ☐ No

(4) Has a priority list for personnel training been established? ☐ Yes ☐ No

(5) Who coordinates the training?



**COMMAND INSPECTIONS PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 3

Command:	Division: PSD – 020	Chapter: Chapter 14
Judy Sharff, SSA		Date: 03/22/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  2.0	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:  Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:
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None

Inspector's Findings:
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The Communications System within PSD works efficiently and effectively. Incoming phone calls are answered promptly by the Executive Secretary. After hours phone calls are routed to the PSD recording for further instructions.

**COMMAND INSPECTIONS PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 3

Command:	Division: PSD – 020	Chapter: Chapter 14
Judy Sharff, SSA		Date: 03/22/2010

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>P. R. Burnett</i>	DATE <i>4/24/10</i>
	INSPECTOR'S SIGNATURE <i>Judy C. Sharff</i>	DATE <i>3/22/2010</i>
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>P. R. Burnett for</i>	DATE <i>4/24/10</i>

## Memorandum

Date: March 16, 2010

To: Protective Services Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Judicial Protection Section

File No.: 021.11545

Subject: QUARTERLY COMMAND INSPECTION – FIRST QUARTER

Judicial Protection Section (JPS) has completed its inspection of Chapter 14, *Communications Systems*. There were no discrepancies, and comments were noted in the Commander's Response section on the Exceptions Document related to Non-Applicable events.

If you have any questions, I can be reached at (415) 865-7900.



J. L. MOBLEY, Lieutenant  
Commander

*Safety, Service, and Security*

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 3

Command: <b>JPS</b>	Division: <b>PSD</b>	Chapter: <b>Chapter 14</b>
Inspected by: <b>Sergeant Aron Ching, 14984</b>		Date: <b>03/15/10</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2 HOURS	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			
None.			

Command Suggestions for Statewide Improvement:
None.

Inspector's Findings:
None.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Judicial Protection Section (JPS) is a Headquarters Command assigned under Assistant Commissioner, Field, and does not have many of the responsibilities outlined in the Area Management Evaluation, Chapter 14 Communications Systems. Specifically, JPS does not maintain a Communications Center.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 3

Command: JPS	Division: PSD	Chapter: Chapter 14
Inspected by: Sergeant Aron Ching, 14984		Date: 03/15/10

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 3 of 3

Command: JPS	Division: PSD	Chapter: Chapter 14
Inspected by: Sergeant Aron Ching, 14984		Date: 03/15/10

Required Action
Corrective Action Plan/Timeline
None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 03/16/10
	INSPECTOR'S SIGNATURE 	DATE 03/15/10
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

**AREA MANAGEMENT EVALUATION****COMMUNICATIONS SYSTEMS**

CHP 453P (Rev. 7-06) OPI 009

AREA <b>021/JPS</b>	DIVISION <b>PSD</b>	NUMBER <b>Chapter 14</b>
EVALUATED BY <b>Sergeant Aron Ching</b>		DATE <b>03/15/2010</b>

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE <b>03/16/2010</b>
BY		EVALUATED <b>03/15/2010</b>	ACTION REQUIRED <b>None.</b>

**1. TELEPHONE**

a. Is the Area's telephone system efficient and effective? ☒ Yes    ☐ No

(1) Are telephone locations beneficial to the operation? ☒ Yes    ☐ No

(2) Are there a sufficient number of lines? ☒ Yes    ☐ No

(3) Has any planning been undertaken to address replacement or upgrading? ☒ Yes    ☐ No

b. Is call answering efficient and effective? ☒ Yes    ☐ No

(1) Who is responsible for answering calls? **All assigned JPS employees.**

(2) Who answers additional incoming calls to ensure prompt public service? **All assigned JPS employees.**

(a) How is the need for answering additional incoming calls recognized? **All assigned JPS employees.**

(3) How are calls handled after business hours? **Answering machine.**

(a) Do tape recorded messages contain sufficient information to give guidance to the public? ☒ Yes    ☐ No

(4) Are callers greeted properly? ☒ Yes    ☐ No

c. Are road and weather conditions provided? ☐ Yes    ☒ No

(1) Is the employee who provides road and weather information given up-to-date information? ☐ Yes    ☒ No

(a) If a tape-recorded message is issued, is it updated with the most current information available? ☐ Yes    ☒ No

(2) Are alternative sources, such as the Caltrans Highway Information Network "800" number and weather bureau telephone number, provided? ☐ Yes    ☒ No

d. Does the commander require long distance calls to be logged? ☐ Yes    ☒ No

e. Are Operational Dial Telephone (ODT), or "green phone" lines of sufficient quantity? ☐ Yes    ☒ No



**AREA MANAGEMENT EVALUATION****COMMUNICATIONS SYSTEMS**

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(1) Is use restricted to operational and emergency communications?

☒ Yes ☐ No

(2) Are ODT directories made available to those with an ODT line?

☐ Yes ☒ Nof. Who is assigned telephone calling cards? **N/A**

(1) Are calls logged?

☐ Yes ☐ No

(2) Are telephone billings reviewed for accuracy and potential abuse?

☐ Yes ☐ No

(3) Is use appropriate?

☐ Yes ☐ Nog. Who answers calls on Telecommunications Device for the Deaf (TDD)? **N/A**

(1) Are procedures and requirements to communicate with persons with hearing or speech disabilities understood?

☒ Yes ☐ No(2) When was the last time the TDD was tested to ensure proper functioning? **N/A**

h. Are procedures in place to acquire services of interpreters for non-English languages and American Sign Language?

☒ Yes ☐ No

i. Are personnel familiar with the telephone system and related equipment?

☒ Yes ☐ No

(1) Can programmed functions and features be used efficiently?

☒ Yes ☐ No(2) Who is authorized to program telephones? **Telecommunications**

(a) Has special training been received?

☒ Yes ☐ No

(3) Are speed dial numbers programmed?

☒ Yes ☐ No

(a) Is the list updated/kept current?

☒ Yes ☐ No

(4) Telephone management informational statistical reports reviewed and filed?

☒ Yes ☐ Noj. Where are assigned cellular telephones located? **N/A**

(1) Does use comply with policy?

☒ Yes ☐ No(2) How is maintenance and repair handled? **Telecommunications Section**

(3) Are billings reviewed and approved?

☒ Yes ☐ No**2. MANAGEMENT INFORMATION SYSTEM (MIS)**EVALUATED  
03/15/2010ACTION REQUIRED  
None.

CORRECTED

a. Personnel

(1) Are all MIS equipment operators authorized?

☒ Yes ☐ No(a) What specific employee(s) is held accountable for data entry? **Office Technician**

**AREA MANAGEMENT EVALUATION****COMMUNICATIONS SYSTEMS**

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(b) Is there an MIS-trained alternate?

☒ Yes ☐ No

(c) Are supervisors MIS-trained?

☒ Yes ☐ No

(d) Are all operators proficient?

☒ Yes ☐ No

(2) Has a background check been performed on those MIS operators having access to the California Law Enforcement Telecommunications System (CLETS)?

☒ Yes ☐ No

(3) Has a Department of Justice audit of Area's criminal records taken place?

☐ Yes ☒ No

(a) If problems have been identified by the audit process, what corrective action has been initiated?

**b. Messages**

(1) Is the comm-net system being used to the fullest extent possible?

☒ Yes ☐ No

(2) Are messages formatted properly?

☒ Yes ☐ No

(3) Are all transmitted messages authorized?

☒ Yes ☐ No(4) How frequently are incoming messages checked? Twice Daily

(5) Is distribution and filing of MIS messages efficient?

☒ Yes ☐ No

(a) Is the commander notified of significant messages after regular business hours?

☒ Yes ☐ No**c. Equipment**

(1) Adequate and properly located?

☒ Yes ☐ No

(a) Messages visible to the public?

☐ Yes ☒ No

(2) Noise or heat problem?

☐ Yes ☒ No

(3) Have arrangements for after-hours maintenance been made (e.g., paper supply, power source, etc.)?

☐ Yes ☐ No

(4) Is there proper security to counter unauthorized use?

☒ Yes ☐ No

(5) Is there employee awareness and an established protocol to prevent spilling liquids onto the keyboard?

☒ Yes ☐ No**d. Data Entry and Evaluation**

(1) Is all data promptly and accurately entered?

☒ Yes ☐ No

(a) Does time taken for data entry appear reasonable?

☒ Yes ☐ No

(2) Are procedures outlined in Chapter 8 of HPG 40.72, Management Information System User's Guide, being followed to reconcile data entry with the Daily Transaction/Error Report?

☒ Yes ☐ No

(a) How does the error rate compare to Division and statewide average error rates?

N/A**3. RADIO - NONDISPATCH OFFICE**EVALUATED  
03/15/2010ACTION REQUIRED  
None.

CORRECTED

**a. Radio Use**

(1) Is use of the Area's base station beneficial?

☐ Yes ☐ NoJPS DOES NOT HAVE 2ND AREA BASE STATION.

Destroy Previous Editions

(a) What are some of the uses? JPS does not have use of an Area base station.

(2) Is the use appropriate? ☐ Yes ☐ No

(3) Is there any interference with dispatch point operations? ☐ Yes ☐ No

(a) Were Public Safety Dispatch Supervisors (PSDs) consulted for their input? ☐ Yes ☐ No

**b. Efficiency**

(1) Range of transmitter and quality of reception adequate? ☐ Yes ☐ No

(2) Console in a location for effective monitoring and use? ☐ Yes ☐ No

**4. RADIO - DISPATCH OFFICE**

EVALUATED  
03/15/2010

ACTION REQUIRED  
None.

CORRECTED

**a. Supervision**

JPS DOES NOT HAVE A DISPATCH OFFICE. N/A

(1) Is the supervisor or an alternate available to Public Safety Dispatchers (PSDs)? ☐ Yes ☐ No

(2) Is supervision effective? ☐ Yes ☐ No

(3) Is shift staffing appropriate? ☐ Yes ☐ No

(a) Are PSDs performing routine clerical jobs? ☐ Yes ☐ No

(4) Does scheduling for PSDs provide for individual as well as operational needs? ☐ Yes ☐ No

(a) Is vacation scheduling adequate? ☐ Yes ☐ No

(b) Are lunch and rest breaks appropriately arranged? ☐ Yes ☐ No

(c) Is there relief for solo PSDs? ☐ Yes ☐ No

(5) Are leave credits (including use of sick leave) managed properly? ☐ Yes ☐ No

(a) Is there any evidence of sick leave abuse by employees? ☐ Yes ☐ No

(b) Is a sick leave tracking system in place? ☐ Yes ☐ No

**b. Training**

(1) Are new PSDs assigned training with a certified Communications Training Specialist? ☐ Yes ☐ No

(a) Does the training specialist utilize HPG 60.4, Public Safety Dispatchers Training Guide, including checklists, to train new PSDs? ☐ Yes ☐ No

(2) Does the PSDS fully participate in the training process? ☐ Yes ☐ No

(3) Have PSDs been scheduled to attend Phase I, Phase II, and In-Service training as appropriate? ☐ Yes ☐ No

(4) Has the PSDS attended Nonuniformed Supervisory Training and Public Safety Dispatch Supervisor In-Service Training? ☐ Yes ☐ No

(5) Does the Communications Center conduct frequent and ongoing training? ☐ Yes ☐ No

(a) Are agendas and minutes prepared? ☐ Yes ☐ No

c. Equipment

(1) What is the condition of the radio equipment?

(a) Need of replacement? ☐ Yes ☐ No

(b) Capabilities sufficient? ☐ Yes ☐ No

(c) Who authorizes repairs?

(d) Has repair overtime been kept to a minimum? ☐ Yes ☐ No

(e) Are trouble reporting requirements met? ☐ Yes ☐ No

(2) Are personnel aware of the full capability of the radio equipment? ☐ Yes ☐ No

d. Communications Center

(1) Furniture and equipment arranged for efficiency and coordination among employees? ☐ Yes ☐ No

(a) Sufficient space available for reference materials? ☐ Yes ☐ No

(b) Maps current? ☐ Yes ☐ No

(c) Reference material convenient for PSDs? ☐ Yes ☐ No

(d) Is knowledge of reference material apparent? ☐ Yes ☐ No

(2) Is the appearance of the Communications Center businesslike? ☐ Yes ☐ No

(a) Is access limited to avoid distractions to PSDs? ☐ Yes ☐ No

(b) Does each PSD have a location for storage of personnel items? ☐ Yes ☐ No

(3) Is lighting adequate? ☐ Yes ☐ No

(4) Have background noise-dampening materials been installed? ☐ Yes ☐ No

(5) Is heating and cooling adequate? ☐ Yes ☐ No

(6) Are restrooms located nearby? ☐ Yes ☐ No

e. Procedures

(1) Are procedures for dispatch operations included in Standard Operating Procedures (SOP)? ☐ Yes ☐ No

(a) Are procedures current and adequate? ☐ Yes ☐ No

f. Records

(1) Are message logs/radio cards legible? ☐ Yes ☐ No

(a) Are they used properly? ☐ Yes ☐ No

(2) Are computer entries for Computer Aided Dispatch (CAD) centers accurate and complete? ☐ Yes ☐ No

(3) Do CAD entries reflect "signal 10-11" transmissions every thirty minutes? ☐ Yes ☐ No

(4) Does CHP 122A, Dispatch Tape Record, document appropriate radio tape retention? ☐ Yes ☐ No

**AREA MANAGEMENT EVALUATION  
COMMUNICATIONS SYSTEMS**

CHP 453P (Rev. 7-06) OPI 009

(5) Does the filing system allow information to be easily retrieved? ☐ Yes ☐ No

(6) Is too much or too little information being logged? ☐ Yes ☐ No

(7) Are PSDs aware of the importance of accurate monthly telephone and radio volume data reports? ☐ Yes ☐ No

g. Effectiveness

(1) Are PSDs proficient? ☐ Yes ☐ No

(2) What is the overall quality of the dispatch operation?

(3) Is staffing sufficient? ☐ Yes ☐ No

h. Equipment Room

(1) Is the room being used for storage of anything other than communications equipment? ☐ Yes ☐ No

(2) Is the room clean? ☐ Yes ☐ No

(3) Is cabling for radios and telephones in disarray or maintained in protective conduit? ☐ Yes ☐ No

(4) Are procedures for reporting malfunctions in place, and are they understood by employees? ☐ Yes ☐ No

(5) Is electrical equipment protected by an uninterrupted power source? ☐ Yes ☐ No

(6) Is there a procedure in place for testing emergency back-up power sources? ☐ Yes ☐ No

i. Generator Room

(1) Do you have a generator room? ☐ Yes ☐ No

(2) Is the generator room used for storage? ☐ Yes ☐ No

(3) If used for storage, are items flammable? ☐ Yes ☐ No

(4) Is generator easily accessible? ☐ Yes ☐ No

**5. RADIO DISPATCH - EMERGENCY INCIDENT OPERATION**

EVALUATED  
03/15/2010

ACTION REQUIRED  
None.

CORRECTED

a. Responsibilities

(1) Is there an awareness among employees of the Department's responsibility for incident command and state agency coordination at emergency/hazardous materials incidents? ☐ Yes ☐ No

(2) Are required notifications made by communications personnel? ☐ Yes ☐ No

(3) If assigned, what is the function of the watch officer?

(4) Are communications personnel familiar with HPM 50.1, Emergency Incident Management Planning & Operations Manual? ☐ Yes ☐ No

b. Procedures

(1) Have dispatch operation emergency procedures been incorporated into a SOP? ☐ Yes ☐ No

(a) Is the SOP in compliance with HPM 50.1, Emergency Incident Management Planning & Operations Manual? ☐ Yes ☐ No

Destroy Previous Editions

(2) Procedures current, adequate and clear? ☐ Yes ☐ No

(3) Are there established evacuation procedures? ☐ Yes ☐ No

(a) In the event of an evacuation, is there a procedure for notification, transfer or rerouting of incoming calls? 9-1-1 calls? ☐ Yes ☐ No

**c. Reference Material**

(1) Does the dispatch office maintain an emergency incident library? ☐ Yes ☐ No

(a) Is the reference material current? ☐ Yes ☐ No

(b) Who maintains the library?

(c) Do communications personnel know how to obtain reference material? ☐ Yes ☐ No

(d) Are appropriate manuals, guides and checklists involving hazardous materials and emergency operations readily available? ☐ Yes ☐ No

(e) Are current telephone numbers for the Office of Emergency Services (OES), Caltrans, etc., on hand? ☐ Yes ☐ No

**d. Public Safety Dispatch Supervisor**

(1) Does the supervisor become actively involved during emergency incidents? ☐ Yes ☐ No

(2) Does the supervisor participate in post-incident critiques? ☐ Yes ☐ No

(3) Is feedback from Area employees regarding performance during major incidents solicited? ☐ Yes ☐ No

**e. Documentation Procedures**

(1) Does the SOP contain procedures for documentation of emergency incidents? ☐ Yes ☐ No

(2) Who has responsibility for ensuring adequate documentation of an emergency incident?

(3) Do Communications Center personnel provide input for post-incident critiques? ☐ Yes ☐ No

(4) Who is responsible for preparation of After Action Reports?

**f. Training**

(1) Has training been provided to communications personnel in emergency incident procedures? ☐ Yes ☐ No

(2) Are procedures in place to ensure formal training is provided to all communications personnel? ☐ Yes ☐ No

(a) Has all training been documented? ☐ Yes ☐ No

(3) Is there an understanding of the CHP incident command function? ☐ Yes ☐ No

(4) Has a priority list for personnel training been established? ☐ Yes ☐ No

(5) Who coordinates the training?



AREA DPS -N	DIVISION PSD	NUMBER 023
EVALUATED BY Sergeant Connie Lambres		DATE 03/25/2010

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/29/2010
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 4/5/10

**1. TELEPHONE**

EVALUATED 03/06/2010	ACTION REQUIRED None	CORRECTED
-------------------------	-------------------------	-----------

a. Is the Area's telephone system efficient and effective? ☐ Yes ☒ No

(1) Are telephone locations beneficial to the operation? ☒ Yes ☐ No

(2) Are there a sufficient number of lines? ☒ Yes ☐ No

(3) Has any planning been undertaken to address replacement or upgrading? ☐ Yes ☒ No

b. Is call answering efficient and effective? ☒ Yes ☐ No

(1) Who is responsible for answering calls? OFFICE TECHNICIAN AND STAFF SERVICE ANALYST

(2) Who answers additional incoming calls to ensure prompt public service? UNIFORM PERSONNEL

(a) How is the need for answering additional incoming calls recognized? IF AN INCOMING CALL IS NOT ANSWERED IN A FEW RINGS, UNIFORM PERSONNEL WILL ANSWER. IF NO ONE IS AVAILABLE TO ANSWER VOICEMAIL WILL PICK UP THE CALL

(3) How are calls handled after business hours? VOICEMAIL MESSAGING

(a) Do tape recorded messages contain sufficient information to give guidance to the public? ☒ Yes ☐ No

(4) Are callers greeted properly? ☒ Yes ☐ No

c. Are road and weather conditions provided? ☐ Yes ☒ No

(1) Is the employee who provides road and weather information given up-to-date information? ☐ Yes ☐ No

(a) If a tape-recorded message is issued, is it updated with the most current information available? ☐ Yes ☐ No

(2) Are alternative sources, such as the Caltrans Highway Information Network "800" number and weather bureau telephone number, provided? ☐ Yes ☒ No

d. Does the commander require long distance calls to be logged? ☐ Yes ☒ No

e. Are Operational Dial Telephone (ODT), or "green phone" lines of sufficient quantity? ☐ Yes ☐ No



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**COMMUNICATIONS SYSTEMS**  
CHP 453P (Rev. 7-06) OPI 009

(1) Is use restricted to operational and emergency communications?

N/A

☐ Yes ☐ No

(2) Are ODT directories made available to those with an ODT line?

☐ Yes ☐ No

f. Who is assigned telephone calling cards? N/A - DPS does not have calling cards.

(1) Are calls logged?

☐ Yes ☐ No

(2) Are telephone billings reviewed for accuracy and potential abuse?

☐ Yes ☐ No

(3) Is use appropriate?

☐ Yes ☐ No

g. Who answers calls on Telecommunications Device for the Deaf (TDD)? CALIFORNIA RELAY SERVICE IS USED THROUGH OUR DISPATCH CENTERS

(1) Are procedures and requirements to communicate with persons with hearing or speech disabilities understood?

☒ Yes ☐ No

(2) When was the last time the TDD was tested to ensure proper functioning? N/A

h. Are procedures in place to acquire services of interpreters for non-English languages and American Sign Language?

☒ Yes ☐ No

i. Are personnel familiar with the telephone system and related equipment?

☒ Yes ☐ No

(1) Can programmed functions and features be used efficiently?

☒ Yes ☐ No

(2) Who is authorized to program telephones? TELECOMMUNICATIONS SECTION

(a) Has special training been received?

☐ Yes ☒ No

(3) Are speed dial numbers programmed?

☒ Yes ☐ No

(a) Is the list updated/kept current?

☒ Yes ☐ No

(4) Telephone management informational statistical reports reviewed and filed?

☒ Yes ☐ No

j. Where are assigned cellular telephones located? ALL UNIFORM PERSONNEL ARE ASSIGNED A CELL PHONE

(1) Does use comply with policy?

☒ Yes ☐ No

(2) How is maintenance and repair handled? PROBLEMS ARE REPORTED TO TELECOMMUNICATIONS SECTION

(3) Are billings reviewed and approved?

☒ Yes ☐ No

**2. MANAGEMENT INFORMATION SYSTEM (MIS)**

EVALUATED  
03/26/2010

ACTION REQUIRED  
None

CORRECTED

a. Personnel

(1) Are all MIS equipment operators authorized?

☒ Yes ☐ No

(a) What specific employee(s) is held accountable for data entry? DOROTHY SCOTT (OT), AND SARA JOHNSON (SSA)

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**COMMUNICATIONS SYSTEMS**  
CHP 453P (Rev. 7-06) OPI 009

(b) Is there an MIS-trained alternate? ☐ Yes ☒ No

(c) Are supervisors MIS-trained? ☒ Yes ☐ No

(d) Are all operators proficient? ☒ Yes ☐ No

(2) Has a background check been performed on those MIS operators having access to the California Law Enforcement Telecommunications System (CLETS)? ☒ Yes ☐ No

(3) Has a Department of Justice audit of Area's criminal records taken place? ☒ Yes ☐ No

(a) If problems have been identified by the audit process, what corrective action has been initiated? No problems were identified by the audit.

**b. Messages**

(1) Is the comm-net system being used to the fullest extent possible? ☒ Yes ☐ No

(2) Are messages formatted properly? ☒ Yes ☐ No

(3) Are all transmitted messages authorized? ☒ Yes ☐ No

(4) How frequently are incoming messages checked? DAILY

(5) Is distribution and filing of MIS messages efficient? ☒ Yes ☐ No

(a) Is the commander notified of significant messages after regular business hours? ☒ Yes ☐ No

**c. Equipment**

(1) Adequate and properly located? ☒ Yes ☐ No

(a) Messages visible to the public? ☐ Yes ☒ No

(2) Noise or heat problem? ☐ Yes ☒ No

(3) Have arrangements for after-hours maintenance been made (e.g., paper supply, power source, etc.)? ☒ Yes ☐ No

(4) Is there proper security to counter unauthorized use? ☒ Yes ☐ No

(5) Is there employee awareness and an established protocol to prevent spilling liquids onto the keyboard? ☒ Yes ☐ No

**d. Data Entry and Evaluation**

(1) Is all data promptly and accurately entered? ☒ Yes ☐ No

(a) Does time taken for data entry appear reasonable? ☒ Yes ☐ No

(2) Are procedures outlined in Chapter 8 of HPG 40.72, Management Information System User's Guide, being followed to reconcile data entry with the Daily Transaction/Error Report? ☒ Yes ☐ No

(a) How does the error rate compare to Division and statewide average error rates?

**3. RADIO - NONDISPATCH OFFICE**

EVALUATED  
03/26/2010

ACTION REQUIRED  
None

CORRECTED

**a. Radio Use**

N/A

(1) Is use of the Area's base station beneficial? ☐ Yes ☒ No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**COMMUNICATIONS SYSTEMS**  
CHP 453P (Rev. 7-06) OPI 009

(a) What are some of the uses? N/A - DPS does not have a Area base station.

(2) Is the use appropriate? ☐ Yes ☐ No

(3) Is there any interference with dispatch point operations? ☐ Yes ☐ No

(a) Were Public Safety Dispatch Supervisors (PSDs) consulted for their input? ☐ Yes ☐ No

b. Efficiency

N/A

(1) Range of transmitter and quality of reception adequate? ☐ Yes ☐ No

(2) Console in a location for effective monitoring and use? ☐ Yes ☐ No

**4. RADIO - DISPATCH OFFICE**

EVALUATED  
N/A

ACTION REQUIRED  
None

CORRECTED

a. Supervision

N/A

(1) Is the supervisor or an alternate available to Public Safety Dispatchers (PSDs)? ☐ Yes ☐ No

(2) Is supervision effective? ☐ Yes ☐ No

(3) Is shift staffing appropriate? ☐ Yes ☐ No

(a) Are PSDs performing routine clerical jobs? ☐ Yes ☐ No

(4) Does scheduling for PSDs provide for individual as well as operational needs? ☐ Yes ☐ No

(a) Is vacation scheduling adequate? ☐ Yes ☐ No

(b) Are lunch and rest breaks appropriately arranged? ☐ Yes ☐ No

(c) Is there relief for solo PSDs? ☐ Yes ☐ No

(5) Are leave credits (including use of sick leave) managed properly? ☐ Yes ☐ No

(a) Is there any evidence of sick leave abuse by employees? ☐ Yes ☐ No

(b) Is a sick leave tracking system in place? ☐ Yes ☐ No

b. Training

N/A

(1) Are new PSDs assigned training with a certified Communications Training Specialist? ☐ Yes ☐ No

(a) Does the training specialist utilize HPG 60.4, Public Safety Dispatchers Training Guide, including checklists, to train new PSDs? ☐ Yes ☐ No

(2) Does the PSDS fully participate in the training process? ☐ Yes ☐ No

(3) Have PSDs been scheduled to attend Phase I, Phase II, and In-Service training as appropriate? ☐ Yes ☐ No

(4) Has the PSDS attended Nonuniformed Supervisory Training and Public Safety Dispatch Supervisor In-Service Training? ☐ Yes ☐ No

(5) Does the Communications Center conduct frequent and ongoing training? ☐ Yes ☐ No

(a) Are agendas and minutes prepared? ☐ Yes ☐ No

c. Equipment

N/A

(1) What is the condition of the radio equipment?

(a) Need of replacement?

☐ Yes ☐ No

(b) Capabilities sufficient?

☐ Yes ☐ No

(c) Who authorizes repairs?

(d) Has repair overtime been kept to a minimum?

☐ Yes ☐ No

(e) Are trouble reporting requirements met?

☐ Yes ☐ No

(2) Are personnel aware of the full capability of the radio equipment?

☐ Yes ☐ No

d. Communications Center

(1) Furniture and equipment arranged for efficiency and coordination among employees?

☐ Yes ☐ No

(a) Sufficient space available for reference materials?

☐ Yes ☐ No

(b) Maps current?

☐ Yes ☐ No

(c) Reference material convenient for PSDs?

☐ Yes ☐ No

(d) Is knowledge of reference material apparent?

☐ Yes ☐ No

(2) Is the appearance of the Communications Center businesslike?

☐ Yes ☐ No

(a) Is access limited to avoid distractions to PSDs?

☐ Yes ☐ No

(b) Does each PSD have a location for storage of personnel items?

☐ Yes ☐ No

(3) Is lighting adequate?

☐ Yes ☐ No

(4) Have background noise-dampening materials been installed?

☐ Yes ☐ No

(5) Is heating and cooling adequate?

☐ Yes ☐ No

(6) Are restrooms located nearby?

☐ Yes ☐ No

e. Procedures

(1) Are procedures for dispatch operations included in Standard Operating Procedures (SOP)?

☐ Yes ☐ No

(a) Are procedures current and adequate?

☐ Yes ☐ No

f. Records

(1) Are message logs/radio cards legible?

☐ Yes ☐ No

(a) Are they used properly?

☐ Yes ☐ No

(2) Are computer entries for Computer Aided Dispatch (CAD) centers accurate and complete?

☐ Yes ☐ No

(3) Do CAD entries reflect "signal 10-11" transmissions every thirty minutes?

☐ Yes ☐ No

(4) Does CHP 122A, Dispatch Tape Record, document appropriate radio tape retention?

☐ Yes ☐ No

(5) Does the filing system allow information to be easily retrieved?

N/A

☐ Yes ☐ No

(6) Is too much or too little information being logged?

☐ Yes ☐ No

(7) Are PSDs aware of the importance of accurate monthly telephone and radio volume data reports?

☐ Yes ☐ No

g. Effectiveness

N/A

(1) Are PSDs proficient?

☐ Yes ☐ No

(2) What is the overall quality of the dispatch operation?

(3) Is staffing sufficient?

☐ Yes ☐ No

h. Equipment Room

N/A

(1) Is the room being used for storage of anything other than communications equipment?

☐ Yes ☐ No

(2) Is the room clean?

☐ Yes ☐ No

(3) Is cabling for radios and telephones in disarray or maintained in protective conduit?

☐ Yes ☐ No

(4) Are procedures for reporting malfunctions in place, and are they understood by employees?

☐ Yes ☐ No

(5) Is electrical equipment protected by an uninterrupted power source?

☐ Yes ☐ No

(6) Is there a procedure in place for testing emergency back-up power sources?

☐ Yes ☐ No

i. Generator Room

N/A

(1) Do you have a generator room?

☐ Yes ☐ No

(2) Is the generator room used for storage?

☐ Yes ☐ No

(3) If used for storage, are items flammable?

☐ Yes ☐ No

(4) Is generator easily accessible?

☐ Yes ☐ No

**5. RADIO DISPATCH - EMERGENCY INCIDENT OPERATION**

EVALUATED  
N/A

ACTION REQUIRED  
None

CORRECTED

a. Responsibilities

N/A

(1) Is there an awareness among employees of the Department's responsibility for incident command and state agency coordination at emergency/hazardous materials incidents?

☐ Yes ☐ No

(2) Are required notifications made by communications personnel?

☐ Yes ☐ No

(3) If assigned, what is the function of the watch officer?

(4) Are communications personnel familiar with HPM 50.1, Emergency Incident Management Planning & Operations Manual?

☐ Yes ☐ No

b. Procedures

N/A

(1) Have dispatch operation emergency procedures been incorporated into a SOP?

☐ Yes ☐ No

(a) Is the SOP in compliance with HPM 50.1, Emergency Incident Management Planning & Operations Manual?

☐ Yes ☐ No



(2) Procedures current, adequate and clear? ☐ Yes ☐ No

(3) Are there established evacuation procedures? ☐ Yes ☐ No

(a) In the event of an evacuation, is there a procedure for notification, transfer or rerouting of incoming calls? 9-1-1 calls? ☐ Yes ☐ No

c. Reference Material

N/A

(1) Does the dispatch office maintain an emergency incident library? ☐ Yes ☐ No

(a) Is the reference material current? ☐ Yes ☐ No

(b) Who maintains the library?

(c) Do communications personnel know how to obtain reference material? ☐ Yes ☐ No

(d) Are appropriate manuals, guides and checklists involving hazardous materials and emergency operations readily available? ☐ Yes ☐ No

(e) Are current telephone numbers for the Office of Emergency Services (OES), Caltrans, etc., on hand? ☐ Yes ☐ No

d. Public Safety Dispatch Supervisor

N/A

(1) Does the supervisor become actively involved during emergency incidents? ☐ Yes ☐ No

(2) Does the supervisor participate in post-incident critiques? ☐ Yes ☐ No

(3) Is feedback from Area employees regarding performance during major incidents solicited? ☐ Yes ☐ No

e. Documentation Procedures

N/A

(1) Does the SOP contain procedures for documentation of emergency incidents? ☐ Yes ☐ No

(2) Who has responsibility for ensuring adequate documentation of an emergency incident?

(3) Do Communications Center personnel provide input for post-incident critiques? ☐ Yes ☐ No

(4) Who is responsible for preparation of After Action Reports?

f. Training

N/A

(1) Has training been provided to communications personnel in emergency incident procedures? ☐ Yes ☐ No

(2) Are procedures in place to ensure formal training is provided to all communications personnel? ☐ Yes ☐ No

(a) Has all training been documented? ☐ Yes ☐ No

(3) Is there an understanding of the CHP incident command function? ☐ Yes ☐ No

(4) Has a priority list for personnel training been established? ☐ Yes ☐ No

(5) Who coordinates the training?

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: <b>DPS N</b>	Division: <b>PSD</b>	Chapter: <b>14</b>
Inspected by: <b>Sergeant Connie Lambres</b>		Date: <b>03/26/2010</b>

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2 hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Due Date:	R. J. OKASHIMA, CAPTAIN 03/29/2010	
Chapter Inspection: 14			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement: NONE
---

None

Inspector's Findings:
-----------------------

Communications Systems within DPS are used effectively and efficiently. However, DPS has a Threat Assessment Unit (TAU) which assesses threats against elected officials. On a regular basis TAU receives phone calls from individuals who express displeasure with our elected officials. Unfortunately, TAU does not have caller identification on the phones within the Unit. Caller ID would prove to be extremely beneficial to the unit and assist in investigating the potential crimes.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

DPS will contact Telecommunications Section to determine if adding caller ID to the TAU phone system is a possibility.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
---



**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: <b>DPS N</b>	Division: <b>PSD</b>	Chapter: <b>14</b>
Inspected by: <b>Sergeant Connie Lambres</b>		Date: <b>03/26/2010</b>

Required Action
Corrective Action Plan/Timeline

None

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>4/5/10</b>
	INSPECTOR'S SIGNATURE 	DATE <b>4/2/10</b>
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

**AREA MANAGEMENT EVALUATION****COMMUNICATIONS SYSTEMS**

CHP 453P (Rev. 7-06) OPI 009

AREA GPD-N	DIVISION PSD	NUMBER 026
EVALUATED BY <i>Barbara Cox, OT</i>		DATE <i>3/9/10</i>

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/29/2010
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW <i>[Signature]</i> DATE <i>4/5/10</i>

**1. TELEPHONE**

EVALUATED 03/08/2010	ACTION REQUIRED NONE	CORRECTED
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a. Is the Area's telephone system efficient and effective? ☒ Yes    ☐ No

(1) Are telephone locations beneficial to the operation? ☒ Yes    ☐ No

(2) Are there a sufficient number of lines? ☒ Yes    ☐ No

(3) Has any planning been undertaken to address replacement or upgrading? ☒ Yes    ☐ No

b. Is call answering efficient and effective? ☒ Yes    ☐ No

(1) Who is responsible for answering calls? OFFICE TECHNICIAN AND OFFICE ASSISTANT

(2) Who answers additional incoming calls to ensure prompt public service? OFFICERS

(a) How is the need for answering additional incoming calls recognized? WHEN A LINE RINGS MORE THAN TWICE AN

OFFICER ANSWERS THE INCOMING LINE

(3) How are calls handled after business hours? THE OFFICE PHONE IS ROLLED OVER TO CAPITOL DISPATCH

(a) Do tape recorded messages contain sufficient information to give guidance to the public? ☒ Yes    ☐ No

(4) Are callers greeted properly? ☒ Yes    ☐ No

c. Are road and weather conditions provided? ☐ Yes    ☒ No

(1) Is the employee who provides road and weather information given up-to-date information? ☐ Yes    ☐ No

(a) If a tape-recorded message is issued, is it updated with the most current information available? ☐ Yes    ☐ No

(2) Are alternative sources, such as the Caltrans Highway Information Network "800" number and weather bureau telephone number, provided? ☐ Yes    ☒ No

d. Does the commander require long distance calls to be logged? ☐ Yes    ☒ No

e. Are Operational Dial Telephone (ODT), or "green phone" lines of sufficient quantity? *N/A* ☐ Yes    ☐ No

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**AREA MANAGEMENT EVALUATION****COMMUNICATIONS SYSTEMS**

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(1) Is use restricted to operational and emergency communications? ☐ Yes ☐ No(2) Are ODT directories made available to those with an ODT line? ☐ Yes ☐ No

f. Who is assigned telephone calling cards? LT. STORY HAS HAD A CALLING CARD SINCE 2001 AND HAS NEVER USED IT

(1) Are calls logged? ☐ Yes ☐ No(2) Are telephone billings reviewed for accuracy and potential abuse? ☐ Yes ☐ No(3) Is use appropriate? ☐ Yes ☐ No

g. Who answers calls on Telecommunications Device for the Deaf (TDD)? TDD calls are handled by the California Relay Service. The CRS agents translate for hearing/speech impaired via TT or TDD equipment. CHP Dispatch Centers are capable of assisting the CRS.

(1) Are procedures and requirements to communicate with persons with hearing or speech disabilities understood? ☒ Yes ☐ No

(2) When was the last time the TDD was tested to ensure proper functioning?

N/A

h. Are procedures in place to acquire services of interpreters for non English languages and American Sign Language? ☒ Yes ☐ Noi. Are personnel familiar with the telephone system and related equipment? ☒ Yes ☐ No(1) Can programmed functions and features be used efficiently? ☒ Yes ☐ No

(2) Who is authorized to program telephones? TELECOMMUNICATIONS SECTION

(a) Has special training been received? ☐ Yes ☒ No(3) Are speed dial numbers programmed? ☒ Yes ☐ No(a) Is the list updated/kept current? ☒ Yes ☐ No(4) Telephone management informational statistical reports reviewed and filed? ☒ Yes ☐ No

j. Where are assigned cellular telephones located? EACH OFFICER, SERGEANT AND LIEUTENANT ARE ASSIGNED A CELL PHONE

(1) Does use comply with policy? ☒ Yes ☐ No

(2) How is maintenance and repair handled? PROBLEMS ARE REFERRED TO SGT. DEAN BOGIOS. HE THEN MAKES ARRANGEMENTS WITH TELECOMMUNICATIONS SECTION AND/OR DIVISION FOR REPAIR OR REPLACEMENT

(3) Are billings reviewed and approved? ☒ Yes ☐ No**2. MANAGEMENT INFORMATION SYSTEM (MIS)**EVALUATED  
03/08/2010ACTION REQUIRED  
NONE

CORRECTED

**a. Personnel**(1) Are all MIS equipment operators authorized? ☒ Yes ☐ No

(a) What specific employee(s) is held accountable for data entry? BARBARA COX, OT AND JANICE CROCENZI, OA

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**AREA MANAGEMENT EVALUATION****COMMUNICATIONS SYSTEMS**

CHP 453P (Rev. 7-06) OPI 009

(b) Is there an MIS-trained alternate?

☐ Yes ☒ No

(c) Are supervisors MIS-trained?

☒ Yes ☐ No

(d) Are all operators proficient?

☒ Yes ☐ No

(2) Has a background check been performed on those MIS operators having access to the California Law Enforcement Telecommunications System (CLETS)?

☒ Yes ☐ No

(3) Has a Department of Justice audit of Area's criminal records taken place?

☐ Yes ☒ No

(a) If problems have been identified by the audit process, what corrective action has been initiated?

**b. Messages**

(1) Is the comm-net system being used to the fullest extent possible?

☒ Yes ☐ No

(2) Are messages formatted properly?

☒ Yes ☐ No

(3) Are all transmitted messages authorized?

☒ Yes ☐ No

(4) How frequently are incoming messages checked? AT LEAST EVERY 15 MINUTES

(5) Is distribution and filing of MIS messages efficient?

☒ Yes ☐ No

(a) Is the commander notified of significant messages after regular business hours?

☒ Yes ☐ No**c. Equipment**

(1) Adequate and properly located?

☒ Yes ☐ No

(a) Messages visible to the public?

☐ Yes ☒ No

(2) Noise or heat problem?

☐ Yes ☒ No

(3) Have arrangements for after-hours maintenance been made (e.g., paper supply, power source, etc.)?

☒ Yes ☐ No

(4) Is there proper security to counter unauthorized use?

☒ Yes ☐ No

(5) Is there employee awareness and an established protocol to prevent spilling liquids onto the keyboard?

☒ Yes ☐ No**d. Data Entry and Evaluation**

(1) Is all data promptly and accurately entered?

☒ Yes ☐ No

(a) Does time taken for data entry appear reasonable?

☒ Yes ☐ No

(2) Are procedures outlined in Chapter 8 of HPG 40.72, Management Information System User's Guide, being followed to reconcile data entry with the Daily Transaction/Error Report?

☒ Yes ☐ No

(a) How does the error rate compare to Division and statewide average error rates? ONLY CHP 415 ENTRIES ARE ON THE REPORT; THERE ARE MINIMAL ERRORS

**3. RADIO - NONDISPATCH OFFICE**EVALUATED  
03/08/2010ACTION REQUIRED  
NONE

CORRECTED

**a. Radio Use**

(1) Is use of the Area's base station beneficial?

☐ Yes ☐ No

N/A

## AREA MANAGEMENT EVALUATION

### COMMUNICATIONS SYSTEMS

CHP 453P (Rev. 7-06) OPI 009

(a) What are some of the uses? GPD-N has no base station. Day to day radio operations are carried out using Motorola

MT-2000 radios capable of portable - to - portable or portable - to - repeater transmission. Therefore, GPD personnel may

communicate statewide using the MT-2000 radio.

(2) Is the use appropriate?

☒ Yes ☐ No

(3) Is there any interference with dispatch point operations?

☒ Yes ☐ No

(a) Were Public Safety Dispatch Supervisors (PSDSs) consulted for their input?

☒ Yes ☐ No

#### b. Efficiency

(1) Range of transmitter and quality of reception adequate?

☒ Yes ☐ No

(2) Console in a location for effective monitoring and use?

☐ Yes ☐ No

N/A

#### 4. RADIO - DISPATCH OFFICE

EVALUATED  
N/A

ACTION REQUIRED

CORRECTED

#### a. Supervision

(1) Is the supervisor or an alternate available to Public Safety Dispatchers (PSDs)?

☐ Yes ☐ No

(2) Is supervision effective?

☐ Yes ☐ No

(3) Is shift staffing appropriate?

☐ Yes ☐ No

(a) Are PSDs performing routine clerical jobs?

☐ Yes ☐ No

(4) Does scheduling for PSDs provide for individual as well as operational needs?

☐ Yes ☐ No

(a) Is vacation scheduling adequate?

☐ Yes ☐ No

(b) Are lunch and rest breaks appropriately arranged?

☐ Yes ☐ No

(c) Is there relief for solo PSDs?

☐ Yes ☐ No

(5) Are leave credits (including use of sick leave) managed properly?

☐ Yes ☐ No

(a) Is there any evidence of sick leave abuse by employees?

☐ Yes ☐ No

(b) Is a sick leave tracking system in place?

☐ Yes ☐ No

#### b. Training

(1) Are new PSDs assigned training with a certified Communications Training Specialist?

☐ Yes ☐ No

(a) Does the training specialist utilize HPG 60.4, Public Safety Dispatchers Training Guide, including checklists, to train new PSDs?

☐ Yes ☐ No

(2) Does the PSDS fully participate in the training process?

☐ Yes ☐ No

(3) Have PSDs been scheduled to attend Phase I, Phase II, and In-Service training as appropriate?

☐ Yes ☐ No

(4) Has the PSDS attended Nonuniformed Supervisory Training and Public Safety Dispatch Supervisor In-Service Training?

☐ Yes ☐ No

(5) Does the Communications Center conduct frequent and ongoing training?

☐ Yes ☐ No

(a) Are agendas and minutes prepared?

☐ Yes ☐ No

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c. Equipment

(1) What is the condition of the radio equipment?

(a) Need of replacement? ☐ Yes ☐ No

(b) Capabilities sufficient? ☐ Yes ☐ No

(c) Who authorizes repairs?

(d) Has repair overtime been kept to a minimum? ☐ Yes ☐ No

(e) Are trouble reporting requirements met? ☐ Yes ☐ No

(2) Are personnel aware of the full capability of the radio equipment? ☐ Yes ☐ No

d. Communications Center

(1) Furniture and equipment arranged for efficiency and coordination among employees? ☐ Yes ☐ No

~~(a) Sufficient space available for reference materials? ☐ Yes ☐ No~~

(b) Maps current? ☐ Yes ☐ No

(c) Reference material convenient for PSDs? ☐ Yes ☐ No

(d) Is knowledge of reference material apparent? ☐ Yes ☐ No

(2) Is the appearance of the Communications Center businesslike? ☐ Yes ☐ No

(a) Is access limited to avoid distractions to PSDs? ☐ Yes ☐ No

(b) Does each PSD have a location for storage of personnel items? ☐ Yes ☐ No

(3) Is lighting adequate? ☐ Yes ☐ No

(4) Have background noise-dampening materials been installed? ☐ Yes ☐ No

(5) Is heating and cooling adequate? ☐ Yes ☐ No

(6) Are restrooms located nearby? ☐ Yes ☐ No

e. Procedures

(1) Are procedures for dispatch operations included in Standard Operating Procedures (SOP)? ☐ Yes ☐ No

(a) Are procedures current and adequate? ☐ Yes ☐ No

f. Records

(1) Are message logs/radio cards legible? ☐ Yes ☐ No

(a) Are they used properly? ☐ Yes ☐ No

(2) Are computer entries for Computer Aided Dispatch (CAD) centers accurate and complete? ☐ Yes ☐ No

(3) Do CAD entries reflect "signal 10-11" transmissions every thirty minutes? ☐ Yes ☐ No

(4) Does CHP 122A, Dispatch Tape Record, document appropriate radio tape retention? ☐ Yes ☐ No



**AREA MANAGEMENT EVALUATION****COMMUNICATIONS SYSTEMS**

CHP 453P (Rev. 7-06) OPI 009

(5) Does the filing system allow information to be easily retrieved?

☐ Yes ☐ No

(6) Is too much or too little information being logged?

☐ Yes ☐ No

(7) Are PSDs aware of the importance of accurate monthly telephone and radio volume data reports?

☐ Yes ☐ No**g. Effectiveness**

(1) Are PSDs proficient?

☐ Yes ☐ No

(2) What is the overall quality of the dispatch operation?

(3) Is staffing sufficient?

☐ Yes ☐ No**h. Equipment Room**

(1) Is the room being used for storage of anything other than communications equipment?

☐ Yes ☐ No

(2) Is the room clean?

☐ Yes ☐ No

(3) Is cabling for radios and telephones in disarray or maintained in protective conduit?

☐ Yes ☐ No

(4) Are procedures for reporting malfunctions in place, and are they understood by employees?

☐ Yes ☐ No

(5) Is electrical equipment protected by an uninterrupted power source?

☐ Yes ☐ No

(6) Is there a procedure in place for testing emergency back-up power sources?

☐ Yes ☐ No**i. Generator Room**

(1) Do you have a generator room?

☐ Yes ☐ No

(2) Is the generator room used for storage?

☐ Yes ☐ No

(3) If used for storage, are items flammable?

☐ Yes ☐ No

(4) Is generator easily accessible?

☐ Yes ☐ No**5. RADIO DISPATCH - EMERGENCY INCIDENT OPERATION**EVALUATED  
N/A

ACTION REQUIRED

CORRECTED

**a. Responsibilities**

(1) Is there an awareness among employees of the Department's responsibility for incident command and state agency coordination at emergency/hazardous materials incidents?

☐ Yes ☐ No

(2) Are required notifications made by communications personnel?

☐ Yes ☐ No

(3) If assigned, what is the function of the watch officer?

(4) Are communications personnel familiar with HPM 50.1, Emergency Incident Management Planning &amp; Operations Manual?

☐ Yes ☐ No**b. Procedures**

(1) Have dispatch operation emergency procedures been incorporated into a SOP?

☐ Yes ☐ No

(a) Is the SOP in compliance with HPM 50.1, Emergency Incident Management Planning &amp; Operations Manual?

☐ Yes ☐ No

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(2) Procedures current, adequate and clear? ☐ Yes ☐ No

(3) Are there established evacuation procedures? ☐ Yes ☐ No

(a) In the event of an evacuation, is there a procedure for notification, transfer or rerouting of incoming calls? 9-1-1 calls? ☐ Yes ☐ No

c. Reference Material

(1) Does the dispatch office maintain an emergency incident library? ☐ Yes ☐ No

(a) Is the reference material current? ☐ Yes ☐ No

(b) Who maintains the library?

(c) Do communications personnel know how to obtain reference material? ☐ Yes ☐ No

(d) Are appropriate manuals, guides and checklists involving hazardous materials and emergency operations readily available? ☐ Yes ☐ No

(e) Are current telephone numbers for the Office of Emergency Services (OES), Caltrans, etc., on hand? ☐ Yes ☐ No

d. Public Safety Dispatch Supervisor

(1) Does the supervisor become actively involved during emergency incidents? ☐ Yes ☐ No

(2) Does the supervisor participate in post-incident critiques? ☐ Yes ☐ No

(3) Is feedback from Area employees regarding performance during major incidents solicited? ☐ Yes ☐ No

e. Documentation Procedures

(1) Does the SOP contain procedures for documentation of emergency incidents? ☐ Yes ☐ No

(2) Who has responsibility for ensuring adequate documentation of an emergency incident?

(3) Do Communications Center personnel provide input for post-incident critiques? ☐ Yes ☐ No

(4) Who is responsible for preparation of After Action Reports?

f. Training

(1) Has training been provided to communications personnel in emergency incident procedures? ☐ Yes ☐ No

(2) Are procedures in place to ensure formal training is provided to all communications personnel? ☐ Yes ☐ No

(a) Has all training been documented? ☐ Yes ☐ No

(3) Is there an understanding of the CHP incident command function? ☐ Yes ☐ No

(4) Has a priority list for personnel training been established? ☐ Yes ☐ No

(5) Who coordinates the training?

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 3

Command: <b>GPD-N</b>	Division: <b>PSD</b>	Chapter: <b>CHAPTER 14</b>
Inspected by: <b>Barbara Cox, Office Technician</b>		Date: <b>03/08/2010</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  2.5 HOURS	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:  Due Date:	R. J. OKASHIMA, CAPTAIN  03/29/2010	
Chapter Inspection: HPG 22.1, CHAPTER 14 – COMMUNICATIONS SYSTEMS			
Inspector's Comments Regarding Innovative Practices: Set guidelines are in place for the use of equipment and systems negating the need for innovative practices.			

Command Suggestions for Statewide Improvement: None
---

Inspector's Findings: All communications systems used appropriately and proficiently.
---

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
---

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 3

Command: GPD-N	Division: PSD	Chapter: CHAPTER 14
Inspected by: Barbara Cox, Office Technician		Date: 03/08/2010

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 3 of 3

Command: GPD-N	Division: PSD	Chapter: CHAPTER 14
Inspected by: Barbara Cox, Office Technician		Date: 03/08/2010

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4/5/10
	INSPECTOR'S SIGNATURE 	DATE 03/09/2010
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA GPD/DPS	DIVISION PSD	NUMBER 027/024
EVALUATED BY Sgt. Brett Axton 12349		DATE 03/16/2010

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 
<input type="checkbox"/> Correction Report BY		DATE 4/5/10

**1. TELEPHONE**

EVALUATED 03/16/2010	ACTION REQUIRED No	CORRECTED N/A
-------------------------	-----------------------	------------------

a. Is the Area's telephone system efficient and effective? ☒ Yes ☐ No

(1) Are telephone locations beneficial to the operation? ☒ Yes ☐ No

(2) Are there a sufficient number of lines? ☒ Yes ☐ No

(3) Has any planning been undertaken to address replacement or upgrading? ☐ Yes ☒ No

b. Is call answering efficient and effective? ☒ Yes ☐ No

(1) Who is responsible for answering calls? Office Asst. Colleen Mitchell A10583 and Office Tech Magdaline Lacrosse A13388.

(2) Who answers additional incoming calls to ensure prompt public service? Uniformed personnel in the office.

(a) How is the need for answering additional incoming calls recognized? Acknowledging the Office personnel are unable to answer the phone at the time additional calls are received.

(3) How are calls handled after business hours? Answering machine.

(a) Do tape recorded messages contain sufficient information to give guidance to the public? ☒ Yes ☐ No

(4) Are callers greeted properly? ☒ Yes ☐ No

c. Are road and weather conditions provided? ☐ Yes ☒ No

(1) Is the employee who provides road and weather information given up-to-date information? ☐ Yes ☐ No

(a) If a tape-recorded message is issued, is it updated with the most current information available? ☐ Yes ☐ No

(2) Are alternative sources, such as the Caltrans Highway Information Network "800" number and weather bureau telephone number, provided? ☒ Yes ☐ No

d. Does the commander require long distance calls to be logged? ☐ Yes ☒ No

e. Are Operational Dial Telephone (ODT), or "green phone" lines of sufficient quantity? ☐ Yes ☐ No

N/A



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**COMMUNICATIONS SYSTEMS**  
CHP 453P (Rev. 7-06) OPI 009

(1) Is use restricted to operational and emergency communications? ☐ Yes ☐ No

(2) Are ODT directories made available to those with an ODT line? ☐ Yes ☐ No

f. Who is assigned telephone calling cards? No one in this office.

(1) Are calls logged? ☐ Yes ☐ No

(2) Are telephone billings reviewed for accuracy and potential abuse? ☐ Yes ☐ No

(3) Is use appropriate? ☐ Yes ☐ No

g. Who answers calls on Telecommunications Device for the Deaf (TDD)? State of California

(1) Are procedures and requirements to communicate with persons with hearing or speech disabilities understood? ☒ Yes ☐ No

(2) When was the last time the TDD was tested to ensure proper functioning? 03/16/2010

h. Are procedures in place to acquire services of interpreters for non-English languages and American Sign Language? ☒ Yes ☐ No

i. Are personnel familiar with the telephone system and related equipment? ☒ Yes ☐ No

(1) Can programmed functions and features be used efficiently? ☒ Yes ☐ No

(2) Who is authorized to program telephones? No one person has specific authorization.

(a) Has special training been received? ☐ Yes ☒ No

(3) Are speed dial numbers programmed? ☒ Yes ☐ No

(a) Is the list updated/kept current? ☒ Yes ☐ No

(4) Telephone management informational statistical reports reviewed and filed? ☒ Yes ☐ No

j. Where are assigned cellular telephones located? With the assigned uniformed personnel.

(1) Does use comply with policy? ☒ Yes ☐ No

(2) How is maintenance and repair handled? Through telecommunications section.

(3) Are billings reviewed and approved? ☒ Yes ☐ No

**2. MANAGEMENT INFORMATION SYSTEM (MIS)**

EVALUATED  
03/16/2010

ACTION REQUIRED  
No

CORRECTED  
N/A

**a. Personnel**

(1) Are all MIS equipment operators authorized? ☒ Yes ☐ No

(a) What specific employee(s) is held accountable for data entry? Colleen Mitchell.

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**COMMUNICATIONS SYSTEMS**  
CHP 453P (Rev. 7-06) OPI 009

(b) Is there an MIS-trained alternate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are supervisors MIS-trained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Are all operators proficient?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a background check been performed on those MIS operators having access to the California Law Enforcement Telecommunications System (CLETS)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Has a Department of Justice audit of Area's criminal records taken place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If problems have been identified by the audit process, what corrective action has been initiated?		

**b. Messages**

(1) Is the comm-net system being used to the fullest extent possible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are messages formatted properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are all transmitted messages authorized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) How frequently are incoming messages checked?	Several times during the day.	
(5) Is distribution and filing of MIS messages efficient?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the commander notified of significant messages after regular business hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**c. Equipment**

(1) Adequate and properly located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Messages visible to the public?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Noise or heat problem?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Have arrangements for after-hours maintenance been made (e.g., paper supply, power source, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there proper security to counter unauthorized use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Is there employee awareness and an established protocol to prevent spilling liquids onto the keyboard?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**d. Data Entry and Evaluation**

(1) Is all data promptly and accurately entered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does time taken for data entry appear reasonable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are procedures outlined in Chapter 8 of HPG 40.72, Management Information System User's Guide, being followed to reconcile data entry with the Daily Transaction/Error Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) How does the error rate compare to Division and statewide average error rates? Below the average.		

**3. RADIO - NONDISPATCH OFFICE**

EVALUATED  
N/A

ACTION REQUIRED

CORRECTED

**a. Radio Use**

(1) Is use of the Area's base station beneficial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

(a) What are some of the uses?

(2) Is the use appropriate?

☐ Yes ☐ No

(3) Is there any interference with dispatch point operations?

☐ Yes ☐ No

(a) Were Public Safety Dispatch Supervisors (PSDSs) consulted for their input?

☐ Yes ☐ No

**b. Efficiency**

(1) Range of transmitter and quality of reception adequate?

☐ Yes ☐ No

(2) Console in a location for effective monitoring and use?

☐ Yes ☐ No

**4. RADIO - DISPATCH OFFICE**

EVALUATED  
N/A

ACTION REQUIRED

CORRECTED

**a. Supervision**

(1) Is the supervisor or an alternate available to Public Safety Dispatchers (PSDs)?

☐ Yes ☐ No

(2) Is supervision effective?

☐ Yes ☐ No

(3) Is shift staffing appropriate?

☐ Yes ☐ No

(a) Are PSDs performing routine clerical jobs?

☐ Yes ☐ No

(4) Does scheduling for PSDs provide for individual as well as operational needs?

☐ Yes ☐ No

(a) Is vacation scheduling adequate?

☐ Yes ☐ No

(b) Are lunch and rest breaks appropriately arranged?

☐ Yes ☐ No

(c) Is there relief for solo PSDs?

☐ Yes ☐ No

(5) Are leave credits (including use of sick leave) managed properly?

☐ Yes ☐ No

(a) Is there any evidence of sick leave abuse by employees?

☐ Yes ☐ No

(b) Is a sick leave tracking system in place?

☐ Yes ☐ No

**b. Training**

(1) Are new PSDs assigned training with a certified Communications Training Specialist?

☐ Yes ☐ No

(a) Does the training specialist utilize HPG 60.4, Public Safety Dispatchers Training Guide, including checklists, to train new PSDs?

☐ Yes ☐ No

(2) Does the PSDS fully participate in the training process?

☐ Yes ☐ No

(3) Have PSDs been scheduled to attend Phase I, Phase II, and In-Service training as appropriate?

☐ Yes ☐ No

(4) Has the PSDS attended Nonuniformed Supervisory Training and Public Safety Dispatch Supervisor In-Service Training?

☐ Yes ☐ No

(5) Does the Communications Center conduct frequent and ongoing training?

☐ Yes ☐ No

(a) Are agendas and minutes prepared?

☐ Yes ☐ No

c. Equipment

(1) What is the condition of the radio equipment?

(a) Need of replacement?

☐ Yes ☐ No

(b) Capabilities sufficient?

☐ Yes ☐ No

(c) Who authorizes repairs?

(d) Has repair overtime been kept to a minimum?

☐ Yes ☐ No

(e) Are trouble reporting requirements met?

☐ Yes ☐ No

(2) Are personnel aware of the full capability of the radio equipment?

☐ Yes ☐ No

d. Communications Center

(1) Furniture and equipment arranged for efficiency and coordination among employees?

☐ Yes ☐ No

(a) Sufficient space available for reference materials?

☐ Yes ☐ No

(b) Maps current?

☐ Yes ☐ No

(c) Reference material convenient for PSDs?

☐ Yes ☐ No

(d) Is knowledge of reference material apparent?

☐ Yes ☐ No

(2) Is the appearance of the Communications Center businesslike?

☐ Yes ☐ No

(a) Is access limited to avoid distractions to PSDs?

☐ Yes ☐ No

(b) Does each PSD have a location for storage of personnel items?

☐ Yes ☐ No

(3) Is lighting adequate?

☐ Yes ☐ No

(4) Have background noise-dampening materials been installed?

☐ Yes ☐ No

(5) Is heating and cooling adequate?

☐ Yes ☐ No

(6) Are restrooms located nearby?

☐ Yes ☐ No

e. Procedures

(1) Are procedures for dispatch operations included in Standard Operating Procedures (SOP)?

☐ Yes ☐ No

(a) Are procedures current and adequate?

☐ Yes ☐ No

f. Records

(1) Are message logs/radio cards legible?

☐ Yes ☐ No

(a) Are they used properly?

☐ Yes ☐ No

(2) Are computer entries for Computer Aided Dispatch (CAD) centers accurate and complete?

☐ Yes ☐ No

(3) Do CAD entries reflect "signal 10-11" transmissions every thirty minutes?

☐ Yes ☐ No

(4) Does CHP 122A, Dispatch Tape Record, document appropriate radio tape retention?

☐ Yes ☐ No

STATE OF CALIFORNIA  
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**AREA MANAGEMENT EVALUATION**  
**COMMUNICATIONS SYSTEMS**  
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(5) Does the filing system allow information to be easily retrieved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is too much or too little information being logged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are PSDs aware of the importance of accurate monthly telephone and radio volume data reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>g. Effectiveness</b>		
(1) Are PSDs proficient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) What is the overall quality of the dispatch operation?		
(3) Is staffing sufficient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>h. Equipment Room</b>		
(1) Is the room being used for storage of anything other than communications equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the room clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is cabling for radios and telephones in disarray or maintained in protective conduit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are procedures for reporting malfunctions in place, and are they understood by employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Is electrical equipment protected by an uninterrupted power source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is there a procedure in place for testing emergency back-up power sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>i. Generator Room</b>		
(1) Do you have a generator room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the generator room used for storage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) If used for storage, are items flammable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is generator easily accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. RADIO DISPATCH - EMERGENCY INCIDENT OPERATION</b>	EVALUATED N/A	ACTION REQUIRED CORRECTED
<b>a. Responsibilities</b>		
(1) Is there an awareness among employees of the Department's responsibility for incident command and state agency coordination at emergency/hazardous materials incidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are required notifications made by communications personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) If assigned, what is the function of the watch officer?		
(4) Are communications personnel familiar with HPM 50.1, Emergency Incident Management Planning & Operations Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b. Procedures</b>		
(1) Have dispatch operation emergency procedures been incorporated into a SOP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the SOP in compliance with HPM 50.1, Emergency Incident Management Planning & Operations Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****COMMUNICATIONS SYSTEMS**

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(2) Procedures current, adequate and clear?

☐ Yes ☐ No

(3) Are there established evacuation procedures?

☐ Yes ☐ No

(a) In the event of an evacuation, is there a procedure for notification, transfer or rerouting of incoming calls? 9-1-1 calls?

☐ Yes ☐ No**c. Reference Material**

(1) Does the dispatch office maintain an emergency incident library?

☐ Yes ☐ No

(a) Is the reference material current?

☐ Yes ☐ No

(b) Who maintains the library?

(c) Do communications personnel know how to obtain reference material?

☐ Yes ☐ No

(d) Are appropriate manuals, guides and checklists involving hazardous materials and emergency operations readily available?

☐ Yes ☐ No

(e) Are current telephone numbers for the Office of Emergency Services (OES), Caltrans, etc., on hand?

☐ Yes ☐ No**d. Public Safety Dispatch Supervisor**

(1) Does the supervisor become actively involved during emergency incidents?

☐ Yes ☐ No

(2) Does the supervisor participate in post-incident critiques?

☐ Yes ☐ No

(3) Is feedback from Area employees regarding performance during major incidents solicited?

☐ Yes ☐ No**e. Documentation Procedures**

(1) Does the SOP contain procedures for documentation of emergency incidents?

☐ Yes ☐ No

(2) Who has responsibility for ensuring adequate documentation of an emergency incident?

(3) Do Communications Center personnel provide input for post-incident critiques?

☐ Yes ☐ No

(4) Who is responsible for preparation of After Action Reports?

**f. Training**

(1) Has training been provided to communications personnel in emergency incident procedures?

☐ Yes ☐ No

(2) Are procedures in place to ensure formal training is provided to all communications personnel?

☐ Yes ☐ No

(a) Has all training been documented?

☐ Yes ☐ No

(3) Is there an understanding of the CHP incident command function?

☐ Yes ☐ No

(4) Has a priority list for personnel training been established?

☐ Yes ☐ No

(5) Who coordinates the training?



**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: GPD/DPS	Division: PSD	Chapter: 14
Inspected by: Sgt. Brett Axton 12349		Date: 03/16/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION x <input type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  2	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:  Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement: <i>NONE</i>
--

Inspector's Findings: <i>ALL COMMUNICATIONS SYSTEMS USED APPROPRIATELY AND PROFICIENTLY.</i>
--

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
---

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**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**  
Page 2 of 2

Command: GPD/DPS	Division: PSD	Chapter: 14
Inspected by: Sgt. Brett Axton 12349		Date: 03/16/2010

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4/5/10
	INSPECTOR'S SIGNATURE 	DATE 3/16/2010
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 3/18/2010

## Memorandum

Date: April 20, 2010

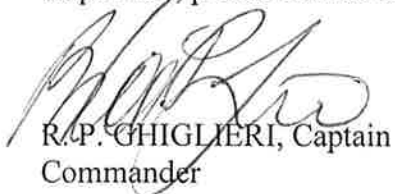
To: Protective Services Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Capitol Protection Section

File No.: 023.13295.11844

Subject: FIRST QUARTER COMMAND INSPECTION

Capitol Protection Section (CPS) has completed its first quarter 2010 Command Inspection of the Section's Communications Systems. If you should have any questions regarding this inspection, please contact Sergeant Rick Campbell at (916) 322-3337.



R.P. CHIGLIERI, Captain  
Commander

*Safety, Service, and Security*

**AREA MANAGEMENT EVALUATION  
COMMUNICATIONS SYSTEMS**

CHP 453P (Rev. 7-06) OPI 009

AREA	DIVISION	NUMBER
Capitol Protection	Protective Services	025
EVALUATED BY		DATE
Sergeant Rick Campbell, #13295		03/09/2010

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/31/2010
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 04/20/10

**1. TELEPHONE**

EVALUATED 03/09/2010	ACTION REQUIRED	CORRECTED
-------------------------	-----------------	-----------

a. Is the Area's telephone system efficient and effective?

☒ Yes    ☐ No

(1) Are telephone locations beneficial to the operation?

☒ Yes    ☐ No

(2) Are there a sufficient number of lines?

☒ Yes    ☐ No

(3) Has any planning been undertaken to address replacement or upgrading?

☐ Yes    ☒ No

b. Is call answering efficient and effective?

☒ Yes    ☐ No

(1) Who is responsible for answering calls? Office Assistant Denise Washington.

(2) Who answers additional incoming calls to ensure prompt public service? Office Assistant Candace Reid, Office Services

Supervisor Gail Stuker and limited duty personnel when available.

(a) How is the need for answering additional incoming calls recognized? Phones are equipped to provide an audible ring when the primary line is busy.

(3) How are calls handled after business hours? Capitol Protection Section has an after hours voice recording that directs callers how to report emergencies and provides information on how to transfer to a personal voice mail account.

(a) Do tape recorded messages contain sufficient information to give guidance to the public?

☒ Yes    ☐ No

(4) Are callers greeted properly?

☒ Yes    ☐ No

c. Are road and weather conditions provided?

☐ Yes    ☒ No

(1) Is the employee who provides road and weather information given up-to-date information?

☐ Yes    ☐ No

(a) If a tape-recorded message is issued, is it updated with the most current information available?

☐ Yes    ☐ No

(2) Are alternative sources, such as the Caltrans Highway Information Network "800" number and weather bureau telephone number, provided?

☒ Yes    ☐ No

d. Does the commander require long distance calls to be logged?

☐ Yes    ☒ No

e. Are Operational Dial Telephone (ODT), or "green phone" lines of sufficient quantity?

☒ Yes    ☐ No

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(1) Is use restricted to operational and emergency communications?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are ODT directories made available to those with an ODT line?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Who is assigned telephone calling cards? No personnel within the Command are assigned calling cards.		
(1) Are calls logged?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are telephone billings reviewed for accuracy and potential abuse?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is use appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Who answers calls on Telecommunications Device for the Deaf (TDD)? All calls requiring TDD assistance are transferred to the Capitol Communications Center.		
(1) Are procedures and requirements to communicate with persons with hearing or speech disabilities understood?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When was the last time the TDD was tested to ensure proper functioning?		
h. Are procedures in place to acquire services of interpreters for non-English languages and American Sign Language?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are personnel familiar with the telephone system and related equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can programmed functions and features be used efficiently?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Who is authorized to program telephones? Information Management Division.		
(a) Has special training been received?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are speed dial numbers programmed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the list updated/kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Telephone management informational statistical reports reviewed and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Where are assigned cellular telephones located? Assigned cellular phones are kept with the responsible employee. A log is maintained with the Area's inventory to ensure the proper location/possessor of each cellular phone.		
(1) Does use comply with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) How is maintenance and repair handled? Telecommunications Section.		
(3) Are billings reviewed and approved?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>2. MANAGEMENT INFORMATION SYSTEM (MIS)</b>	EVALUATED 03/09/2010	ACTION REQUIRED	CORRECTED
a. Personnel			
(1) Are all MIS equipment operators authorized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) What specific employee(s) is held accountable for data entry? Office Assistant Denise Washington enters CHP 215's into the MIS system and Office Services Supervisor Gail Stuker enters Comm-nets and travel advances into the MIS system.			

**AREA MANAGEMENT EVALUATION  
COMMUNICATIONS SYSTEMS**

CHP 453P (Rev. 7-06) OPI 009

(b) Is there an MIS-trained alternate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are supervisors MIS-trained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Are all operators proficient?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a background check been performed on those MIS operators having access to the California Law Enforcement Telecommunications System (CLETS)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Has a Department of Justice audit of Area's criminal records taken place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If problems have been identified by the audit process, what corrective action has been initiated?		
<b>b. Messages</b>		
(1) Is the comm-net system being used to the fullest extent possible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are messages formatted properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are all transmitted messages authorized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) How frequently are incoming messages checked? Hourly.		
(5) Is distribution and filing of MIS messages efficient?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the commander notified of significant messages after regular business hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c. Equipment</b>		
(1) Adequate and properly located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Messages visible to the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Noise or heat problem?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Have arrangements for after-hours maintenance been made (e.g., paper supply, power source, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there proper security to counter unauthorized use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Is there employee awareness and an established protocol to prevent spilling liquids onto the keyboard?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>d. Data Entry and Evaluation</b>		
(1) Is all data promptly and accurately entered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does time taken for data entry appear reasonable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are procedures outlined in Chapter 8 of HPG 40.72, Management Information System User's Guide, being followed to reconcile data entry with the Daily Transaction/Error Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) How does the error rate compare to Division and statewide average error rates?		

**3. RADIO - NONDISPATCH OFFICE**EVALUATED  
03/09/2010

ACTION REQUIRED

CORRECTED

**a. Radio Use**

(1) Is use of the Area's base station beneficial?

☐ Yes ☒ No

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(a) What are some of the uses? An Area base station is located in the Capitol Protection Section Sergeant's Office. The Area's base station is in working condition, however personnel generally never have a need to use it.

(2) Is the use appropriate? ☒ Yes ☐ No

(3) Is there any interference with dispatch point operations? ☐ Yes ☒ No

(a) Were Public Safety Dispatch Supervisors (PSDs) consulted for their input? ☒ Yes ☐ No

**b. Efficiency**

(1) Range of transmitter and quality of reception adequate? ☒ Yes ☐ No

(2) Console in a location for effective monitoring and use? ☒ Yes ☐ No

**4. RADIO - DISPATCH OFFICE**

EVALUATED  
03/09/2010

ACTION REQUIRED

CORRECTED

**a. Supervision**

(1) Is the supervisor or an alternate available to Public Safety Dispatchers (PSDs)? ☒ Yes ☐ No

(2) Is supervision effective? ☒ Yes ☐ No

(3) Is shift staffing appropriate? ☒ Yes ☐ No

(a) Are PSDs performing routine clerical jobs? ☐ Yes ☒ No

(4) Does scheduling for PSDs provide for individual as well as operational needs? ☒ Yes ☐ No

(a) Is vacation scheduling adequate? ☒ Yes ☐ No

(b) Are lunch and rest breaks appropriately arranged? ☒ Yes ☐ No

(c) Is there relief for solo PSDs? ☒ Yes ☐ No

(5) Are leave credits (including use of sick leave) managed properly? ☒ Yes ☐ No

(a) Is there any evidence of sick leave abuse by employees? ☒ Yes ☐ No

(b) Is a sick leave tracking system in place? ☒ Yes ☐ No

**b. Training**

(1) Are new PSDs assigned training with a certified Communications Training Specialist? ☒ Yes ☐ No

(a) Does the training specialist utilize HPG 60.4, Public Safety Dispatchers Training Guide, including checklists, to train new PSDs? ☒ Yes ☐ No

(2) Does the PSDS fully participate in the training process? ☒ Yes ☐ No

(3) Have PSDs been scheduled to attend Phase I, Phase II, and In-Service training as appropriate? ☒ Yes ☐ No

(4) Has the PSDS attended Nonuniformed Supervisory Training and Public Safety Dispatch Supervisor In-Service Training? ☒ Yes ☐ No

(5) Does the Communications Center conduct frequent and ongoing training? ☒ Yes ☐ No

(a) Are agendas and minutes prepared? ☒ Yes ☐ No

c. Equipment

(1) What is the condition of the radio equipment? Radio Equipment is in working order, however it will be replaced in April 2010.

(a) Need of replacement? ☒ Yes ☐ No

(b) Capabilities sufficient? ☒ Yes ☐ No

(c) Who authorizes repairs? PSDS II with concurrence from Telecommunications Section.

(d) Has repair overtime been kept to a minimum? ☒ Yes ☐ No

(e) Are trouble reporting requirements met? ☒ Yes ☐ No

(2) Are personnel aware of the full capability of the radio equipment? ☒ Yes ☐ No

d. Communications Center

(1) Furniture and equipment arranged for efficiency and coordination among employees? ☒ Yes ☐ No

(a) Sufficient space available for reference materials? ☒ Yes ☐ No

(b) Maps current? ☒ Yes ☐ No

(c) Reference material convenient for PSDs? ☒ Yes ☐ No

(d) Is knowledge of reference material apparent? ☒ Yes ☐ No

(2) Is the appearance of the Communications Center businesslike? ☒ Yes ☐ No

(a) Is access limited to avoid distractions to PSDs? ☒ Yes ☐ No

(b) Does each PSD have a location for storage of personnel items? ☒ Yes ☐ No

(3) Is lighting adequate? ☒ Yes ☐ No

(4) Have background noise-dampening materials been installed? ☒ Yes ☐ No

(5) Is heating and cooling adequate? ☒ Yes ☐ No

(6) Are restrooms located nearby? ☒ Yes ☐ No

e. Procedures

(1) Are procedures for dispatch operations included in Standard Operating Procedures (SOP)? ☒ Yes ☐ No

(a) Are procedures current and adequate? ☒ Yes ☐ No

f. Records

(1) Are message logs/radio cards legible? ☒ Yes ☐ No

(a) Are they used properly? ☒ Yes ☐ No

(2) Are computer entries for Computer Aided Dispatch (CAD) centers accurate and complete? ☒ Yes ☐ No

(3) Do CAD entries reflect "signal 10-11" transmissions every thirty minutes? ☐ Yes ☒ No

(4) Does CHP 122A, Dispatch Tape Record, document appropriate radio tape retention? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION  
COMMUNICATIONS SYSTEMS**

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(5) Does the filing system allow information to be easily retrieved? ☒ Yes ☐ No(6) Is too much or too little information being logged? ☐ Yes ☒ No(7) Are PSDs aware of the importance of accurate monthly telephone and radio volume data reports? ☒ Yes ☐ No**g. Effectiveness**(1) Are PSDs proficient? ☒ Yes ☐ No

(2) What is the overall quality of the dispatch operation? Excellent.

(3) Is staffing sufficient? ☒ Yes ☐ No**h. Equipment Room**(1) Is the room being used for storage of anything other than communications equipment? ☒ Yes ☐ No(2) Is the room clean? ☒ Yes ☐ No(3) Is cabling for radios and telephones in disarray or maintained in protective conduit? ☐ Yes ☒ No(4) Are procedures for reporting malfunctions in place, and are they understood by employees? ☒ Yes ☐ No(5) Is electrical equipment protected by an uninterrupted power source? ☒ Yes ☐ No(6) Is there a procedure in place for testing emergency back-up power sources? ☒ Yes ☐ No**i. Generator Room**(1) Do you have a generator room? ☒ Yes ☐ No(2) Is the generator room used for storage? ☐ Yes ☒ No(3) If used for storage, are items flammable? ☐ Yes ☒ No(4) Is generator easily accessible? ☒ Yes ☐ No**5. RADIO DISPATCH - EMERGENCY INCIDENT OPERATION**EVALUATED  
03/09/2010

ACTION REQUIRED

CORRECTED

**a. Responsibilities**(1) Is there an awareness among employees of the Department's responsibility for incident command and state agency coordination at emergency/hazardous materials incidents? ☒ Yes ☐ No(2) Are required notifications made by communications personnel? ☒ Yes ☐ No

(3) If assigned, what is the function of the watch officer?

(4) Are communications personnel familiar with HPM 50.1, Emergency Incident Management Planning & Operations Manual? ☒ Yes ☐ No**b. Procedures**(1) Have dispatch operation emergency procedures been incorporated into a SOP? ☒ Yes ☐ No(a) Is the SOP in compliance with HPM 50.1, Emergency Incident Management Planning & Operations Manual? ☒ Yes ☐ No

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**AREA MANAGEMENT EVALUATION  
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(2) Procedures current, adequate and clear?

☒ Yes ☐ No

(3) Are there established evacuation procedures?

☒ Yes ☐ No

(a) In the event of an evacuation, is there a procedure for notification, transfer or rerouting of incoming calls? 9-1-1 calls?

☒ Yes ☐ No**c. Reference Material**

(1) Does the dispatch office maintain an emergency incident library?

☒ Yes ☐ No

(a) Is the reference material current?

☒ Yes ☐ No

(b) Who maintains the library?

(c) Do communications personnel know how to obtain reference material?

☒ Yes ☐ No

(d) Are appropriate manuals, guides and checklists involving hazardous materials and emergency operations readily available?

☒ Yes ☐ No

(e) Are current telephone numbers for the Office of Emergency Services (OES), Caltrans, etc., on hand?

☒ Yes ☐ No**d. Public Safety Dispatch Supervisor**

(1) Does the supervisor become actively involved during emergency incidents?

☒ Yes ☐ No

(2) Does the supervisor participate in post-incident critiques?

☒ Yes ☐ No

(3) Is feedback from Area employees regarding performance during major incidents solicited?

☒ Yes ☐ No**e. Documentation Procedures**

(1) Does the SOP contain procedures for documentation of emergency incidents?

☒ Yes ☐ No

(2) Who has responsibility for ensuring adequate documentation of an emergency incident? PSD on-duty and working the incident.

(3) Do Communications Center personnel provide input for post-incident critiques?

☒ Yes ☐ No

(4) Who is responsible for preparation of After Action Reports? PSDS II.

**f. Training**

(1) Has training been provided to communications personnel in emergency incident procedures?

☒ Yes ☐ No

(2) Are procedures in place to ensure formal training is provided to all communications personnel?

☒ Yes ☐ No

(a) Has all training been documented?

☒ Yes ☐ No

(3) Is there an understanding of the CHP incident command function?

☒ Yes ☐ No

(4) Has a priority list for personnel training been established?

☒ Yes ☐ No

(5) Who coordinates the training? PSDS II.

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

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Command: <b>CPS</b>	Division: <b>PSD</b>	Chapter: <b>Chapter 14</b>
Inspected by: <b>Sergeant Rick Campbell</b>		Date: <b>03/09/2010</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  4	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:  Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

This inspector's findings determined that Capitol Protection Section's Communications Systems, including the Capitol Communications Center are functioning at a high level and operating within policy.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

I concur with the findings of the Inspector.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Not Applicable

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
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Required Action

Corrective Action Plan/Timeline

No corrective actions were identified or required.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>04/20/10</b>
	INSPECTOR'S SIGNATURE <b>R. Can</b>	DATE <b>4/20/2010</b>
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE